

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 12 AM 9 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076707

**1. Corporation Name**

SAFA INVESTMENTS INC,

**2. Principal Office Address**

11740 QUAIL ROOST DR.

**3. Mailing Office Address**

3228 NW 22ND AVE  
FT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

FT. LAUDERDALE, FL

Zip

33157

Country

USA

Zip

33309

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0608786

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

SHAHID N. CHOWDHURY

000075268660

Street Address (P.O. Box Number is Not Acceptable)

3228 NW 22ND AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

Date 4.30.06

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	SHAHID N. CHOWDHURY	3228 NW 22ND AVE	FT. LAUDERDALE FL - 33309
DIR.	LATIFA J. CHOWDHURY	3228 NW 22ND AVE AS ABOVE	FT. LAUDERDALE FL 33309

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE

[Signature] SHAHID N. CHOWDHURY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.06

Date

954-444-3052

Daytime Phone #


TO THE DEPT. OF STATE

REF.# P95000076707

WE DID NOT RECEIVE THE RENEWAL NOTICE FOR THE  
ABOVE CORPORATION. ACCORDING TO ADVICE FROM  
ONE OF THE AGENT I AM SENDING 3 YEARS RENEWAL FEE.

THEREFORE PLEASE RENEW THE ABOVE CORP. ASAP.  
THANKING YOU VERY MUCH.

YOUR'S TRULY

  
[SHAHID N. CHOWDHURY]  
PRESIDENT  
SAFA INVESTMENTS INC.

5-9-06